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ABSTRACT

Little is known about the etiology of bulimia. However Polivy and Herman have hypothesized that dieting causes bulimia and that differences between dieters and bulimics are quantitative rather than qualitative. The purpose of this study was to examine these hypotheses and further examine the parallels between bulimics and dieters. Female college student subjects (N=74), including bulimics (N=19), dieters (N=22), and a control group (N=33), were compared on measures on which bulimics have shown disturbances. These include anxiety, depression, body image, and obsessive-compulsive characteristics. The results indicated that the psychological characteristics of dieters were similar to those of normals rather than to those of bulimics. Bulimics appeared to be significantly more disturbed than dieters and controls on a broad range of measures. In contrast, dieters differed from controls only on a measure concerning their willingness to report socially undesirable information. These findings suggest that dieting, in and of itself, is not sufficient to cause the psychopathology associated with bulimia. The view that dieters and bulimics differ quantitatively, but not qualitatively is not supported by these findings. (ABL)

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Similarities between restrained eaters and bulimics

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Running Head: Restrained Eaters and Bulimics

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Abstract

Polivy and Herman (1985) have hypothesized that dieting causes bulimia and that differences between dieters and bulimics are quantitative rather than qualitative. The present study examined these hypotheses. Three groups of subjects, dieters, bulimics, and a nondieting control group, were compared on measures of personality. Bulimics appeared significantly more disturbed than controls, whereas dieters did not. This finding suggests that extreme dieting, in and of itself, is not sufficient to cause bulimia.

Little is known about the etiology of bulimia; however one hypothesis is that dieting causes bulimia (Polivy & Herman, 1985). As support for their view, Polivy and Herman (1985) note clinical studies documenting that dieting precedes binge eating for the vast majority of bulimics (e.g. Russell, 1979; Garfinkel et al, 1980; Pyle 1981; Boskind-Lodahl, 1976; Boskind-Lodahl & Sirlin, 1977), and laboratory work indicating that dieting is associated with binge eating. In laboratory studies, dieters increase their consumption above baseline levels (i.e. binge) when they believe they have eaten a high calorie substance (Spencer & Fremouw, 1979), experience a dysphoric mood (Baucom & Aiken, 1981; Ruderman, 1985), or knowingly consume alcohol (Polivy & Herman, 1976). Finally, Polivy and Herman point out the parallel between society's increasing emphasis on slimness over the past 20 years and the corresponding rise in the prevalence of bulimia.

Implicit in Polivy and Herman's (1985) hypothesis that dieting causes bulimia is the notion that dieters and bulimics are similar. Although there may be a logical basis for equating dieters and bulimics, the extent to which they are similar is an empirical issue. Only a few studies have compared the personality characteristics of dieters and bulimics. Ruderman and Grace (1987; in press) found that body dissatisfaction and narcissism were associated with both bulimia and dieting. In addition, general maladjustment was a predictor of bulimia whereas a sense of moral virtuousness was associated with dieting. In a study

comparing bulimics, binge eaters, and a control group on seven personality measures, Katzman and Wolchik (1984) found that bulimics differed significantly from controls on five measures, and from binge eaters on four measures. In contrast, binge eaters did not differ from controls on any measures. These studies suggest that some similarities may exist between dieters and bulimics, but that there are important differences as well. The purpose of the present study was to further examine the parallels between bulimics and dieters.

Method

Bulimics, dieters, and a control group were compared on measures on which bulimics have shown disturbances. These include anxiety (Fairburn & Cooper, 1982; Pyle et al, 1981), depression (Russell, 1979; Fairburn & Cooper, 1982; Pyle et al 1981), assertiveness (Boskind-Lodahl & White, 1978), self-esteem (Wolf & Crowther, 1983), body image (Boskind-Lodahl & White, 1978; Fairburn & Cooper, 1982; Pyle et al, 1981), social desirability (Boskind-Lodahl, 1976), anger (Leon & Chamberlain, 1973), suspiciousness (Dunn & Ondercin,1981), and obsessive-compulsive characteristics (Weiss & Ebert, 1983).

Subjects and Procedures

Seventy-four female undergraduates (19 bulimics, 22 dieters, and 33 controls) enrolled in Introductory Psychology participated in this study. Subjects were selected on the basis of their scores on the BULIT, a measure of bulimia (Smith & Thelen, 1984),

and the restraint scale (Herman, Polivy, Threlkeld, & Munic, 1978), a measure of dieting. These measures were included in a screening battery given to students in Introductory Psychology. Subjects were identified as bulimic if they scored above 102 on the BULIT, the cutoff recommended by Smith and Thelen for diagnostic purposes. They were identified as dieters if they scored above 17 on the restraint scale, and as controls if they scored below 13 on the restraint scale. These were the 75th and 50th percentile restraint scale scores in the first group of subjects (n=324) screened for participation in this study. The bulimic and dieting (restrained eating) group were matched on restraint scores, in order to avoid a confound between restraint and bulimia. Mean values for the three groups on restraint and BULIT scores can be seen in Table 1.

Subjects completed a battery of questionnaires which included the Taylor Manifest Anxiety Scale (Taylor, 1952), the Beck Depression Inventory (Beck, Ward, Mendelson, Mock & Erbaugh, 1961), the Symptom Checklist 90 (SCL 90) (Derogatis, Lipman, & Covi, 1973), the Marlowe-Crowne Social Desirability Scale (Crowne & Marlowe, 1960), the Tennessee Self-Concept Scale (TSCS) (Fitts, 1965), the College Self-Expression Scale (Galassi, Delo, Galassi, & Bastien, 1974), and the Body Cathexis Scale (Secord & Jourard, 1953). Two of these scales, the SCL 90 and TSCS, contain numerous subscales some of which measure characteristics not directly implicated in bulimia.

Results

Seventy-two subjects (19 bulimics, 21 restrained eaters, and

32 controls) were included in the analyses. Two subjects (1 restrained eater and 1 control) failed to complete all questionnaires and were eliminated from the analyses. A multivariate analysis of variance using total and subscale scores from the seven tests mentioned above as dependent measures and subject classification (bulimic, dieter, control) as the independent variable was highly significant, $F(52,90)=2.87$, $p<.0001$. One way univariate analyses and post hoc comparisons of group means using the Newman Keuls procedure are shown in Table 2. It can be seen in Table 2 that bulimics were significantly more disturbed than controls on 19 of the 26 measures and more disturbed than dieters on 17 of the measures. Dieters differed from controls on one of the scales.

Discussion

This study found that the psychological characteristics of dieters are similar to those of normals rather than to those of bulimics. Bulimics appeared significantly more disturbed than dieters and controls on a broad range of measures. In contrast, dieters differed from controls only on a measure concerning their willingness to report socially undesirable information. This result can not be attributed to a confounding of degree of dieting with group placement (bulimic vs. dieter), since the groups did not differ significantly in restraint. These findings indicate that dieting, in and of itself, is not sufficient to cause the psychopathology associated with bulimia. The view that dieters and bulimics differ quantitatively, but not qualitatively

(Polivy & Herman, 1985) is not supported by the present findings. These data indicate that dieters are not appropriate as analogues for bulimics.

Consistent with previous studies, this study also found that bulimics differ from controls on measures tapping a broad range of psychological functioning. It seems likely that these measures have some shared variance tapping overall maladjustment which can partly account for this. Because of this, it is important that studies designed to establish which dimensions of personality functioning are central to bulimia include some measure of general maladjustment as a control variable.

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Table 1

Mean and F Values for BULIT and Restraint scores in the Bulimic, Dieting, and Control Groups.

Measure	Bulimic (n=19) M	Dieter (n=21) M	Control (n=32) M	F(2,69)
BULIT	120.32[a]	63.00[b]	45.59[c]	278.05**
Restraint	24.32[a]	22.91[a]	6.28[b]	269.78**

Means with the same letter are not significantly different.
**$p<.05$
*$p<.01$

Table 2

Mean and F Values for Personality Characteristics in the Bulimic, Dieting, and Control Groups.

Measure	Bulimic (n=19) M	Dieter (n=21) M	Control (n=32) M	F(2,69)
Taylor Manifest Anxiety	26.47[a]	20.38[b]	18.88[b]	3.68*
Marlowe Crown Soc. Desirability	14.16[b]	13.95[b]	16.84[a]	4.37*
SCL 90: Somatization	23.84[a]	17.81[b]	19.81[ab]	3.51*
SCL 90: Obsessive-Compulsive	25.84[a]	19.81[b]	20.06[b]	3.67*
SCL 90: Interpersonal Sensitivity	25.53[a]	17.48[b]	17.06[b]	9.80**
SCL 90: Depression	34.74[a]	27.14[b]	23.09[b]	7.09**
SCL 90: Anxiety	21.05[a]	16.81[a]	17.22[a]	1.76
SCL 90: Hostility	13.74[a]	10.48[b]	9.38[b]	5.44**
SCL 90: Phobic Anxiety	11.56[a]	8.67[a]	10.16[a]	2.14
SCL 90: Paranoid Ideation	14.53[a]	10.38[b]	10.44[b]	5.51**
SCL 90: Psychoticism	21.63[a]	16.43[b]	15.66[b]	4.60**
College Self Expression Scale	162.368[a]	174.67[a]	176.47[a]	2.42
Beck Depression	20.63[a]	8.95[b]	7.72[b]	12.92**
Tenn Self Concept Scale (TSCS):				
TSCS: Personality Disorder[c]	65.74[b]	74.62[a]	74.56[a]	3.97*
TSCS: Neurosis[c]	70.84[b]	80.05[a]	84.31[a]	5.85**
TSCS: General Maladjustment[c]	84.26[b]	93.05[a]	95.19[a]	5.44**
TSCS: Defensive Positive[f]	46.00[b]	51.95[ab]	58.09[a]	8.03**
TSCS: Psychosis	48.26[a]	47.71[a]	49.47[a]	.46
TSCS: Physical Self	59.00[b]	63.48[ab]	66.09[a]	4.34*
TSCS: Moral-ethical self	62.53[b]	70.57[a]	69.63[a]	4.06*
TSCS: Personal self	56.11[b]	63.86[a]	68.19[a]	8.31**
TSCS: Family self	61.79[a]	65.29[a]	68.13[a]	2.91
TSCS: Social self	65.47[a]	67.95[a]	70.13[a]	1.55
TSCS: Self criticism[e]	38.26[a]	35.05[b]	33.09[b]	7.32**
TSCS: Total[d]	343.58[b]	368.10[ab]	377.19[a]	3.94*
Body Image[d]	123.47[a]	93.05[b]	101.00[b]	10.63**

Means with the same letter are not significantly different
**p<.05
*p<.01

[c] Low scores indicate psychopathology
[d] High scores indicate negative feelings
[e] A measure of defensiveness consisting of 10 mildly negative statements which most people admit as being true of them.
[f] Low scores indicate defensiveness.
A measure of defensiveness developed empirically by selecting items which differentiated psychiatric patients with above average TSCS scores (according to norms from nonpsychiatric sample) from psychiatric patients with lower scores.
A more subtle scale than the self criticism scale.